



ACKNOWLEDGEMENT OF NOTIFICATION  
OF REGULATED WASTE ACTIVITY  
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

+ TXD988078606

INSTALLATION ADDRESS

FURROW BUILDING MATERIALS  
PO BOX 419466  
KANSAS CITY, MO 641410466  
DAVE MCKEE LOSS PREVENTION

3319 N LAMAR  
AUSTIN, TX 78753

DA  
10/6/92

Please refer to the instructions for filling this form before completing this form. The information requested here is required by law (Section 3070 of the Resource Conservation and Recovery Act).



# Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received  
(For Official Use Only)

## I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification

B. Subsequent Notification  
(complete item C)

C. Installation's EPA ID Number

110986078606

## II. Name of Installation (Include company and specific site name)

F U R R O W B U I L D I N G M A T E R I A L S

## III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

8 3 1 9 N L A M A R

Street (continued)

City or Town

A U S T I N

State

T X

ZIP Code

7 8 7 5 3 -

County Code

4 5 3

County Name

T R A V I S / W I L L I A M S O N

## IV. Installation Mailing Address (See instructions)

Street or P.O. Box

P O B O X 4 1 9 4 6 6

City or Town

K A N S A S C I T Y

State

M O

ZIP Code

6 4 1 4 1 - 0 4 6 6

## V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

M C K E E

(first)

D A V E

Job Title

L O S S P R V E N T I O N

Phone Number (area code and number)

8 1 6 - 2 3 4 - 6 0 0 0

## VI. Installation Contact Address (See instructions)

A. Contact Address  
Location Mailing

B. Street or P.O. Box

P O B O X 4 1 9 4 6 6

City or Town

K A N S A S C I T Y

State

M O

ZIP Code

6 4 1 4 1 - 0 4 6 6

## VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

P A Y L E S S C A S H W A Y S I N C.

Street, P.O. Box, or Route Number

P O B O X 4 1 9 4 6 6

City or Town

K A N S A S C I T Y

State

M O

ZIP Code

6 4 1 4 1 - 0 4 6 6

Phone Number (area code and number)

8 1 6 - 2 3 4 - 6 0 0 0

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes No X

(Date Changed)

Month Day Year

ID - For Official Use Only																									
<b>VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions.)</b>																									
<b>A. Hazardous Waste Activity</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>1. Generator (See Instructions)</p> <p><input type="checkbox"/> a. Greater than 1000 kg/mo (2200 lbs.)</p> <p><input type="checkbox"/> b. 100 to 1000 kg/mo (220 - 2200 lbs.)</p> <p><input checked="" type="checkbox"/> c. Less than 100 kg/mo (220 lbs.)</p> <p>2. Transporter (Indicate Mode in boxes 1-5 below)</p> <p><input type="checkbox"/> a. For own waste only</p> <p><input type="checkbox"/> b. For commercial purposes</p> <p>Mode of Transportation:</p> <p><input type="checkbox"/> 1. Air</p> <p><input type="checkbox"/> 2. Rail</p> <p><input type="checkbox"/> 3. Highway</p> <p><input type="checkbox"/> 4. Water</p> <p><input type="checkbox"/> 5. Other - specify _____</p> </div> <div style="width: 45%;"> <p>3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see Instructions</p> <p>4. Hazardous Waste Fuel</p> <p><input type="checkbox"/> a. Generator Marketing to Burner</p> <p><input type="checkbox"/> b. Other Marketer</p> <p><input type="checkbox"/> c. Burner - Indicate device(s) - Type of Combustion Device</p> <p><input type="checkbox"/> 1. Utility Boiler</p> <p><input type="checkbox"/> 2. Industrial Boiler</p> <p><input type="checkbox"/> 3. Industrial Furnace</p> <p><input type="checkbox"/> 5. Underground Injection Control</p> </div> </div>	<b>B. Used Oil Fuel Activities</b> <p>1. Off-Specification Used Oil Fuel</p> <p><input type="checkbox"/> a. Generator Marketing to Burner</p> <p><input type="checkbox"/> b. Other Marketer</p> <p><input type="checkbox"/> c. Burner - Indicate device(s) - Type of Combustion Device</p> <p><input type="checkbox"/> 1. Utility Boiler</p> <p><input type="checkbox"/> 2. Industrial Boiler</p> <p><input type="checkbox"/> 3. Industrial Furnace</p> <p>2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification</p> <p><input type="checkbox"/></p>																								
<b>IX. Description of Regulated Wastes (Use additional sheets if necessary)</b>																									
<p><b>A. Characteristics of Nonlisted Hazardous Wastes.</b> Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">1. Ignitable (D001)</td> <td style="width: 15%;">2. Corrosive (D002)</td> <td style="width: 15%;">3. Reactive (D003)</td> <td style="width: 15%;">4. Toxicity Characteristic (D000)</td> <td style="width: 40%;">(List specific EPA hazardous waste number(s) for the Toxicity Characteristic contaminant(s))</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td></td> </tr> </table>		1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic (D000)	(List specific EPA hazardous waste number(s) for the Toxicity Characteristic contaminant(s))	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>															
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<p><b>B. Listed Hazardous Wastes.</b> (See 40 CFR 261.31 - 33. See Instructions if you need to list more than 12 waste codes.)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 16.6%; text-align: center;">1</td> <td style="width: 16.6%; text-align: center;">2</td> <td style="width: 16.6%; text-align: center;">3</td> <td style="width: 16.6%; text-align: center;">4</td> <td style="width: 16.6%; text-align: center;">5</td> <td style="width: 16.6%; text-align: center;">6</td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">7</td> <td style="text-align: center;">8</td> <td style="text-align: center;">9</td> <td style="text-align: center;">10</td> <td style="text-align: center;">11</td> <td style="text-align: center;">12</td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> </tr> </table>		1	2	3	4	5	6							7	8	9	10	11	12						
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<p><b>C. Other Wastes.</b> (State other wastes requiring an ID number. See Instructions.)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 16.6%; text-align: center;">1</td> <td style="width: 16.6%; text-align: center;">2</td> <td style="width: 16.6%; text-align: center;">3</td> <td style="width: 16.6%; text-align: center;">4</td> <td style="width: 16.6%; text-align: center;">5</td> <td style="width: 16.6%; text-align: center;">6</td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> </tr> </table>		1	2	3	4	5	6																		
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<p><b>X. Certification</b></p> <p>I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-bottom: 1px solid black;">Signature </td> <td style="width: 33%; border-bottom: 1px solid black;">Name and Official Title (type or print) Mr. Dave McKee/Director of Loss Prevention</td> <td style="width: 33%; border-bottom: 1px solid black;">Date Signed 8/10/92</td> </tr> </table>		Signature	Name and Official Title (type or print) Mr. Dave McKee/Director of Loss Prevention	Date Signed 8/10/92																					
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<p><b>XI. Comments</b></p> <p>This business (Building Materials Retailer), does not have a consistent waste stream. Small quantities of hazardous waste may be generated as a result of sporadic, accidental spills of consumer packaged products.</p> <p>Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)</p>																									